

PART B - FEE(S) TRANSMITTAL

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JAN 18 2005

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27386 7590 10/18/2004

NORRIS, MC LAUGHLIN & MARCUS, P.A.
 875 THIRD AVE
 18TH FLOOR
 NEW YORK, NY 10022

01/26/2005 MGEBREM2 00000173 141263 10075041

01 FC:1501	1400.00 DA
02 FC:1504	300.00 DA
03 FC:8001 APPLICATION	600.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10075041

02/12/2002

Marc Husemann

TESA AG 1523-WCG

7504

TITLE OF INVENTION: PRESSURE-SENSITIVE ADHESIVE FEATURING LOW OUTGASSING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/18/2005
EXAMINER	ART UNIT	CLASS-SUBCLAS S			
ASTINOVSKY, OLGA	1711	525-242000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Norris McLaughlin &
 Marcus PA
 1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

tesa AG

Hamburg, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1263 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *William M. Gerstenzang*

Date 1/13/05

Typed or printed name *WILLIAM M. GERSTENZANG*

Registration No. 27,552

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